

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034126

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8200

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5539a Wells

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Mable

Middle

Last

Smith

4. DATE
OF
DEATH

Month

Day

Year

8

9

63

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

10-16-1910

52

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maid

10b. KIND OF BUSINESS OR INDUSTRY

Hotel Mayfair

11. BIRTHPLACE (City and state or country)

Camden, Ark.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Mat Bradley

13b. MOTHER'S MAIDEN NAME

Hannah Staughter

14. NAME OF HUSBAND OR WIFE

Frank Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mamie White 4553 N. Market

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Intracerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH
18 Months

DUE TO (b)

Cerebral Arteriosclerosis

DUE TO (c)

331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-4-63 to 8-9-63 and last saw her alive on 8-9-63
Death occurred at 1:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signature of Informant)

22b. ADDRESS

2601 N. Whittier St.

22c. DATE SIGNED

8-9-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

8/13/63

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

1221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

AUG 12 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS-300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

77-0

77

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Oliver E. Crumble

Licensed Embalmer No. 5185

P. O. Address 1221 N. Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.